

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation COMMON SENSE ISSUES INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90009739 </div>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8190-A BEECHMONT AVENUE - 103 103					
(c) City, State and ZIP Code CINCINNATI OH 45255					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 8

THROUGH

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

6. TOTAL CONTRIBUTIONS 11925.00

7. TOTAL INDEPENDENT EXPENDITURES..... 11925.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Patrick Davis

10/24/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 2 / 3

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)

COMMON SENSE ISSUES INC

A. Full Name (Last, First, Middle Initial)

Foster Friess

Mailing Address

P.O. Box 9790

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	8

Transaction ID: F56.000001

City

State

Zip Code

Jackson

WY

83002

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

10000.00

Name of Employer

Retired

Occupation

Retired

B. Full Name (Last, First, Middle Initial)

Richard Sugden

Mailing Address

P.O. Box 2468

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Transaction ID: F56.000002

City

State

Zip Code

Jackson

WY

83001

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

1925.00

Name of Employer

Family Practice Associates

Occupation

Medical Doctor

SUBTOTAL of Receipts This Page (optional)

11925.00

TOTAL This Period (last page carry total to Line 6)

11925.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

COMMON SENSE ISSUES INC

Full Name (Last, First, Middle Initial) of Payee
Joseph David Advertising

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	8

Mailing Address
333 North Michigan Avenue

Amount

10000.00

City	State	Zip Code
Chicago	IL	60601

Purpose of Expenditure
Radio Ad - Hometown Girl - Media BuyCategory/
Type

Office Sought:

☒

House

State: WY

House

☐

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Cynthia LummisCalendar Year-To-Date Per Election
for Office Sought

10000.00

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Design 4 Marketing and Communications

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

Mailing Address
106 North Collins Street

Amount

1925.00

City	State	Zip Code
Plant City	FL	22563

Purpose of Expenditure
radio ad - Hometown Girl - production costsCategory/
Type

Office Sought:

☒

House

State: WY

House

☐

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Cynthia LummisCalendar Year-To-Date Per Election
for Office Sought

11925.00

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

11925.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

11925.00